

2396

# Health Department,

Pima County, Arizona.

[Outside Corporate Limits City of Tucson.]

## RETURN OF A DEATH.

No. of Record.

664

No. of Death Permit.

222 (222)

NO INCOMPLETE RETURN WILL BE ACCEPTED.

No. 1. Name in full G. I. Aaron ✓

2. Color. WHITE.  
~~MEXICAN.~~  
~~BLACK~~ (Negro or Mixed.)  
~~INDIAN.~~  
~~CHINESE.~~  
~~JAPANESE.~~

3. Sex MALE.  
~~FEMALE~~

4. Conjugal Condition. SINGLE.  
~~MARRIED.~~  
~~WIDOWED.~~  
~~DIVORCED.~~

NOTE: For questions 2, 3 and 4, strike out words not appropriate.

5. Date of Death { Year 1908  
Month Feb  
Day 21

6. Date of Birth { Year 1885  
Month Unknown  
Day Unknown

7. Age { Years 23  
Months Unknown  
Days Unknown

8. Occupation Unknown  
[Return occupation for all persons 10 years and over.]

9. Place of Birth New York

10. Name and Birthplace of Father Unknown

11. Name and Birthplace of Mother Unknown

12. Disease or Cause of Death:

CHIEF CAUSE Pulmonary Tuberculosis

CONTRIBUTING CAUSE

PLACE WHERE DISEASE WAS CONTRACTED if any other than place of death

13. Place of Death: District or Town \_\_\_\_\_ Street \_\_\_\_\_ No. \_\_\_\_\_

If death occurred in an institution, give name of same St. Mary's Hospital

Length of time deceased was an inmate 1 month and previous residence

14. Late Residence Tucson, Arizona

LENGTH OF RESIDENCE (in County) Unknown

UNDERTAKER

PLACE OF ENTOMBMENT

SIGNATURE

[Of physician or informant.]

DATE OF CERTIFICATE

FILL OUT WITH INK AND WRITE PLAINLY.